

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
MAY 03 2013
Bayfield Co. Zoning Dept.

ENTERED
13-0070
5-13-13
Amount Paid: \$75
5-3-13
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: Wes + Stacie Whaley	Mailing Address: 2323 Boland Dr Duluth MN 55804	Telephone: 28 5107584
Address of Property: 1610 Old Hwy 2	City/State/Zip: Duluth, WI 54820	Cell Phone:
Contractor: John Rowary	Contractor Phone:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (Include City/State/Zip):
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-022-2-47-09-07-404
W1/2 SE 1/4 INV. 34P 402 1/4 less the 1/2 INV. 81SP	Gov't Lot 976	CSM 976
Section 7, Township 47 N, Range 9 SE 56221	Vol & Page	Lot(s) No. 286 30000
	Town of: Hughes	Block(s) No.
		Subdivision:
	Lot Size 100ac	Acres 10
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If Yes---continue -->	Distance Structure is from Shoreline: feet <input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If Yes---continue -->	Distance Structure is from Shoreline: feet <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material \$12,000	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Garage	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 20	Width: 16	Height: 12
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2nd) Porch	() X ()	
	with a Deck	() X ()	
	with (2nd) Deck	() X ()	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	
	Mobile Home (manufactured date)	() X ()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify)	() X ()	
	Accessory Building (specify) Garage	(16 X 20)	320
	Accessory Building Addition/Alteration (specify)	() X ()	
Rec'd for Issuance			
MAY 13 2013			
Secretarial Staff			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

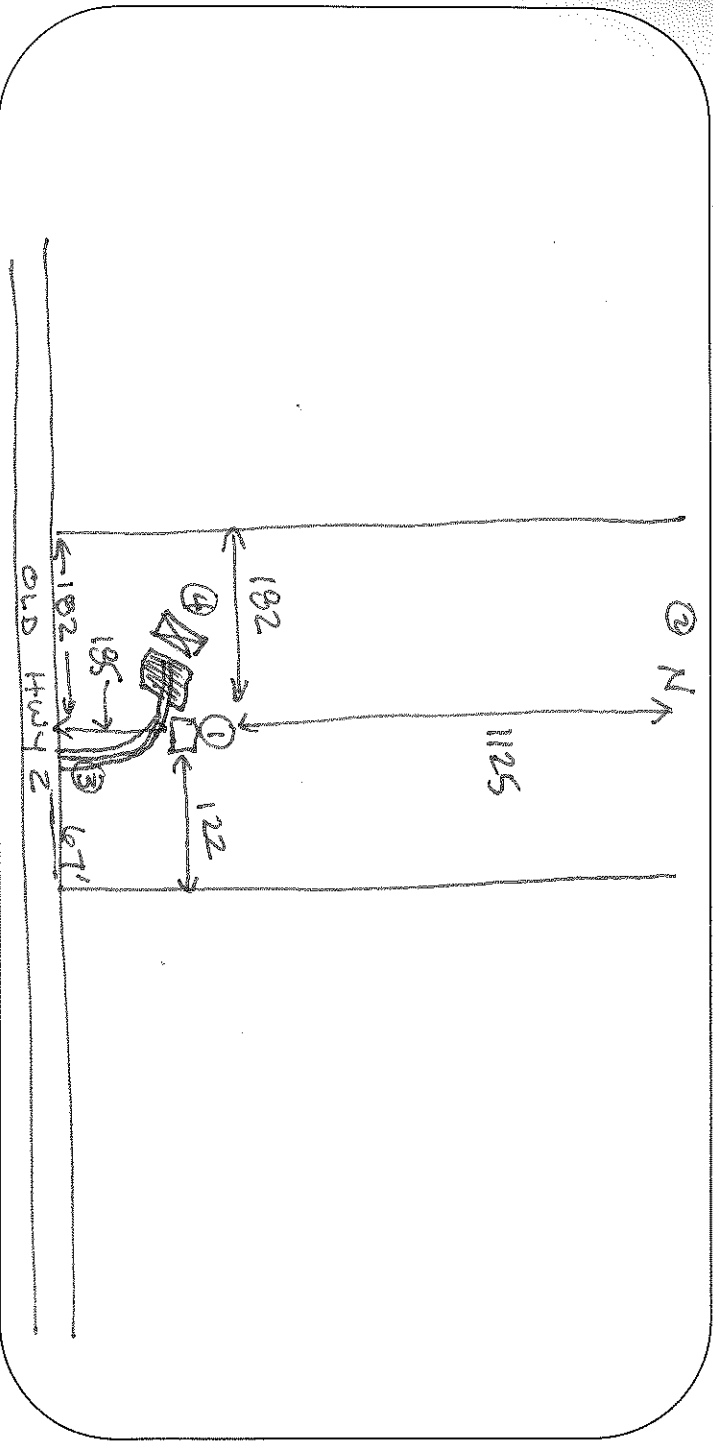
Owner(s): Michelle & Stacie Whaley Date: 5/2/13
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date: _____

Address to send permit 2323 Boland Dr. Duluth, MN. 55804 Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	185 Feet	Setback from the Lake (ordinary high water mark)	1 Feet
Setback from the Established Right-of-Way	185 Feet	Setback from the River, Stream, Creek	1 Feet
Setback from the North Lot Line	1125 Feet	Setback from the Bank or Bluff	1 Feet
Setback from the South Lot Line	185 Feet	Setback from Wetland	1 Feet
Setback from the West Lot Line	182 Feet	Setback from 20% Slope Area	1 Feet
Setback from the East Lot Line	122 Feet	Elevation of Floodplain	1 Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	1 Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 13-0076		Permit Date: 5-13-13		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: (Inspector) STRUCTURE AS REPRESENTED BY OWNER AFFIDAVIT TO MARK APPLICABLE SETBACKS		Zoning District (F1) Lakes Classification (NA)		
Date of Inspection: 5-10-13		Inspected by: MC		Date of Re-Inspection:
Condition(s), Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.)				
Signature of Inspector: [Signature]				
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>				
				Date of Approval: 5-10-13

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
Date Stamp (Received)
APR 08 2013

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DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$26,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>200 gal</u> <input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft		<input checked="" type="checkbox"/> 3		<input type="checkbox"/>
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> _____		<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____		<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on * Property	<input checked="" type="checkbox"/> No Basement <input checked="" type="checkbox"/> Foundation		<input type="checkbox"/> None		<input type="checkbox"/>
	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> <u>5000</u>				

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input checked="" type="checkbox"/>	Mobile Home (manufactured date) <u>2011</u>	(<u>14</u> X <u>60 1/2</u>)	<u>940</u>
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>			
<input type="checkbox"/> Municipal Use				
Rec'd for Issuance				
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

Owner(s): Barbara J. and Mac
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Attach

If you are signing on behalf of the County:

Address to send permit _____

Copy of Tax Statement _____

If you recently purchased the property send your Recorded Deed _____

C/O Harvey Anderson - 68185 NW 100 Way RD

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

	Proposed Construction
(1) Show location of:	North (N) on Plot Plan
(2) Show / Indicate:	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*):	All Existing Structures on your Property
(4) Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show:	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*):	(*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):	

see
Attachment

Changes in plans must be approved by the Planning & Zoning Dept..

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	233 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	200 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	1256 Feet		
Setback from the South Lot Line	30 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	226 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	114 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	10 Feet	Setback to Well	100 Feet
Setback to Drain Field	40 Feet		
Setback to Privy (Portable, Composting)	Feet		
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.			
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be			

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 321314		# of bedrooms: 2		Sanitary Date: 10-06	
Permit Denied (Date):		Reason for Denial:					
Permit #: 130075		Permit Date: 5-14-13					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <i>Revised to allow deck as permitted by code. Approved by owner.</i>		Inspection by: <i>SWC</i>		Zoning District: <i>(1-F)</i> Lakes Classification: <i>(1)</i>		Date of Re-Inspection: <i>10-13</i>	
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)							
Signature of Inspector: <i>[Signature]</i>				Date of Approval: <i>10-13</i>			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

50.00

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Zoning District:
Lakes Class

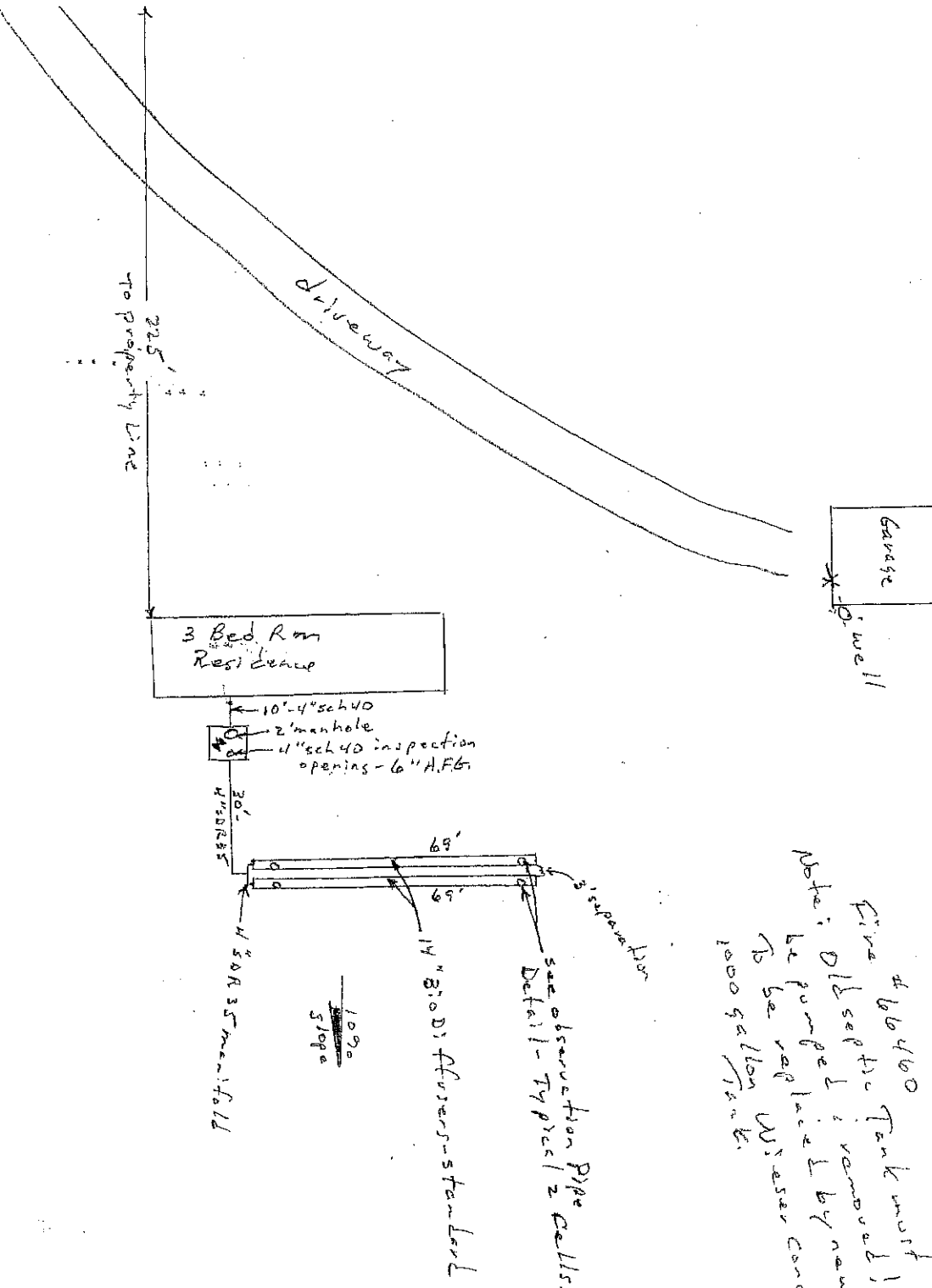
I. APPLICATION INFORMATION (Please Print All Information)				Soil Test No:		County Permit No: 13-0075	
Property Owner's Name Len & Elizabeth Anderson				County:		Bayfield	
Address of Property 66400 WI 115 RD - Beale, WI				Property Location: SE 1/4 NE 1/4 S 19 T 47 N, R 9 E (or W)			
Property Owner's Mailing Address PO Box 5264				Township Hutches		Gov. Lot #:	
City, State STROUD TX		Zip Code 76574	Phone Number 715-209-8080	Lot #		Block #:	Subdivision Name or CSM #:
II. TYPE OF BUILDING: (Check One)				Parcel ID			
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms 2				Tax Number(s): 022-1055-01			
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)							
A) <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor 1. <input checked="" type="checkbox"/> Reconnection 2. <input type="checkbox"/> Repair 3. <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below)							
B) <input checked="" type="checkbox"/> A Sanitary Permit was previously issued. <i>Previous Permit Number: 367317</i> Date Issued: 7-18-00							
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above							
C) <input type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards) <input type="checkbox"/> Portable Privy (Temporary Use Only) <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet							
V. ABSORPTION SYSTEM INFORMATION:							
1. Gallons Per Day 450	2. Absorp. Area Required (Sq.Ft.) 375	3. Absorp. Area Proposed (Sq. Ft.) 389	4. Loading Rate (Gals. / Day / Sq.Ft.) 1.2	5. Perc. Rate (Min. Inch) -	6. System Elev.(Feet) 93.0	7. Final Grade Elev. (Feet) 95.5	
VI. TANK INFORMATION:							
	Capacity In Gallons	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel Fiber-glass
Septic Tank or Holding Tank		1000	1	Wieser	✓		
Lift Pump Tank / Siphon Chamber							
VII. RESPONSIBILITY STATEMENT:							
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.							
Plumber's / Owner's Name: (Print) Allan Pohlke				Plumber's / Owner's Signature: (No Stamps) ALL Pohlke			
Plumber's Address: (Street, City State, Zip Code) PO. Box 522 Iron River WI 54847				Home Phone: 715 372-4156		Business Phone: 715 372-4156	
VIII. COUNTY / DEPARTMENT USE ONLY							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination		Sanitary Permit/Transfer Fee: \$50		Date Issued: 5-14-13		Issuing Agent's Signature / Date: [Signature] 5-10-13	
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:							

Polkoski Plumbing
 P.O. Box 522
 Iron River WI 54947
 MR. S. #320090
 All - Polkoski
 Parcel ID # 022-1055-01
 Septic tank # Bio-Diffuser Standard 14" high leaching chamber are in compliance with Comm 82-84.
 Septic Tank Outlet must have state approved filter

Scale: 1" = 40' unless noted!
 * = Garage slab =
 BM. SURP = Elev. 100.0'
 System Elev: 43.0

Septic Tank is 1000 gallon w/ seer concrete - 10' x 17'8" W. and
 42" from bottom of tank to flow line in left manifold to trench
 chamber specs: 34" width - 73" length - 14" high at 9" manifold to trench

460 460 Tank must
 be pumped & removed!
 Note: Old septic tank
 be replaced by new
 1000 gallon tank.



Property Owner:
 Marvin Gaylord Anderson
 6660 Willis Rd
 Brule, WI 54820

Legal Description:
 SE 1/4 NE 1/4 sec 19 T46N R9W
 Town of Hughes
 Bayfield Co.

